

ISSUE SLIP STAPLE AREA (for additional cross references)

721  
10/5/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		8/15/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	JCGH0	09/20/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	9/5/00 9 49
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50	✓

Claim	Date
Final Original	9/5/00 9 49
51	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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